



IFW

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/825,639	
	Filing Date	4/15/2004	
	First Named Inventor	Koskey	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	KHI-0401

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Replacement drawing 2/2 per client request.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Law Office of Dale B. Halling, LLC
Signature	<i>Dale B. Halling</i>
Date	10/15/04

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Laura P. Hansen
Signature	<i>Laura P. Hansen</i>
Date	10/15/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Koskey

EXAMINER:

SERIAL NO.: 10/825,639

GROUP:

FILED: 4/15/2004

CASE NO.:KHI-0401

ENTITLED: Heated Pet Mat

Law Offices of Dale B. Halling
24 S. Weber, Suite 311
Colorado Springs, CO 80903
October 15, 2004

Request in Initial Application

Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

Honorable Commissioner:

In the above referenced application, I would like to submit a replacement drawing page 2/2.
The original did not, in my vision, adequately depict my invention

Respectfully submitted,
Jim Koskey

By

Dale B. Halling,
Paralegal for Attorney for the Applicant
Phone: (719) 447-1990 Fax: (719) 447-0983

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted to the Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450 via the method checked below:

(X) 37 CFR 1.8(a) as first class mail with sufficient postage
() 37 CFR 1.10 "Express Mail Post Office to Addressee" Mailing Label :
() by fax to number _____

Signature of Mailer:

Date: 10/15/04

Laura P Hansen